

COMMENTARIES

"Adolescent smokers' rights laws"

Bruce Talbot

The 13-year-old boy looked squarely into the lens of the Chicago ABC news affiliate camera, and with dead seriousness said, "I have the right to smoke. It's none of their business."

As it eventually turned out, he was correct. The youngster was standing on the village square in Woodstock, Illinois, in McHenry county, proudly puffing away. A law that would have licensed retail tobacco vendors and prohibited adolescent smoking by banning possession and purchase of tobacco by people under 18 was defeated by the city council. Had he been standing in Woodridge, Illinois, in DuPage county it would have been a different answer.

Woodridge, a suburban dormitory town of about 30000 people near Chicago, was one of the first in the United States to enact a local ordinance that allows the city to administratively suspend or revoke a retail tobacco licence when a merchant is found repeatedly selling tobacco to minors. This unique approach to control adolescent access to tobacco was patterned after the city liquor licence law. The 1989 law also takes away so-called children's smoking rights by prohibiting possession and purchase of tobacco by minors under 18 just as the liquor law bans possession of alcoholic beverages by minors under 21.

According to a study by Dr Leonard A Jason of DePaul University, this civil licence suspension law has had a remarkable effect on the behaviour of merchants in Woodridge.¹ Before the law Woodridge merchants sold cigarettes to 12- to 13-year-old test subjects 70-80% of the time, even after receiving a

warning letter from police that sales to minors would result in arrest. After the first licence suspensions, sales rates dropped to zero in back-to-back tests.

Controlling the vending behaviour of merchants is important, but the real goal is to prevent teenage addiction to tobacco. Too many communities have banned vending machines and then claimed victory in reducing adolescent smoking. But Dr Jason's research in Chicago found that teenagers buy cigarettes from vending machines only 3% of the time.¹

Society needs to take a multi-pronged approach to adolescent smoking reduction that includes: (a) source control (merchants supply 74% of cigarettes bought by underaged people (LA Jason, PY Ji, unpublished data)); (b) prevention (adolescent health and peer pressure education); (c) demand control (prohibiting smoking, possession, and purchase by minors); and (d) rehabilitation (such as the American Lung Association's "Fresh Start" smoking withdrawal programme).

Of these four strategies, by far the most controversial to leaders in the health/prevention professions is demand reduction prohibition laws. They fear that the child will be viewed as the offender rather than as the victim of the tobacco industry's outrageous advertising efforts to recruit new smokers (the most offensive being the cartoon Camel advertisements). There are also well-founded fears that the powerful merchant and tobacco lobbyists will shift enforcement efforts to poorly represented teenagers and away from powerful yet un reputable vendors who reap profits from over 900 million packs of cigarettes illegally sold to children in the United States each year.²

Despite these concerns, compelling data from DePaul University show that prohibition of minors' possession, use, and attempted purchase of tobacco can produce outstanding results.

The Woodridge law permits a police officer to confiscate tobacco possessed by anyone under 18. The officer can also issue a \$25 citation to minors aged 13-17 for possession, and a \$50 citation on a merchant complaint of a minor attempting to purchase. The citation is written on a parking ticket form that is payable by post. No arrests are made and no juvenile record is made. It is the same type of citation issued for running through a red traffic light on a bicycle. The officer is also required to attempt to contact the minor's parents by phone before the end of his or her shift. Approximately 50 such citations have been issued since 1989.

There appears to be a consensus in the tobacco control community that it should be illegal for vendors to sell tobacco to minors (even though some health advocates argue that such laws are counterproductive by making tobacco a more appealing "forbidden fruit"). On the other hand, a much more controversial issue is whether the purchase or possession of tobacco by minors should be prohibited. The two commentaries published below present both sides of that argument. Each author was given the opportunity to read a draft of the opposing commentary before finalising the version printed below.

Readers are invited to offer their own views in letters to the editor. We also invite suggestions for other topics that would be appropriate for future "point-counterpoint" commentaries. - ED

Twelve parent comments have been received, all favourable.

The DePaul University study of 650 12- to 14-year-old Woodridge students found that before the 1989 law 46% were experimenting with smoking, 33% said they smoked only socially, and 16% classified themselves as regular smokers. After the law was enacted the students' attitude toward the new law were surveyed. Eighty-six per cent knew about the new law banning possession and purchase, 73% said the law would help prevent them from becoming a smoker, and 55% felt the law would help prevent their friends from smoking. Two years after the law was enacted the students' smoking behaviour was surveyed again. Experimental smokers dropped from 46% to 23%, social smokers from 33% to 17%, and regular smokers (those at highest risk of addiction to tobacco) from 16% to only 5%.¹ I believe such dramatic reductions in adolescent smoking cannot be achieved by focusing only on merchants and ignoring possession and use.

There are several reasons why possession control efforts are important. Without a clause in the law prohibiting *purchase* as well as sale to adolescents, minors who are refused by reputable merchants merely shrug and go on "shopping" down the street until they find a merchant who will sell. This not only encourages minors to keep asking for cigarettes, it discourages merchants who watch their competitors get the sales they refuse. In addition, the law gives merchants support when they are confronted with a minor who creates a disturbance in the store when "carded" for cigarettes. They know the police will back them up when a minor refuses to take "no" for an answer.

Possession bans also support smoke-free schools, preventing minors from crossing the street at school to defeat student smoking rules. They also help prevent peer pressure to smoke. At junior high school dances in Woodridge hundreds of non-smoking students used to have to pass through a group of 25 adolescent smokers huddled at the entrance door because of the smoking ban inside park district buildings. This form of subtle peer pressure is now gone because of the ban on possession of tobacco by minors.

As a police officer, I have come to recognise tobacco smoking as an adolescent "gateway drug" to harder, illicit drug use.^{3,4} The National Institute on Drug Abuse's National Household Survey on Drug Use found that 92% of adolescent marijuana smokers are regular cigarette smokers.⁵ There is a compelling physical explanation to this strong statistical link. Children have a difficult time deeply inhaling and holding harsh marijuana smoke in their lungs without first becoming accomplished cigarette smokers. Cigarette smoking facilitates later marijuana and crack cocaine smoking by training the lungs and

throat. Without this "training" inexperienced adolescents merely cough up the marijuana smoke and do not get the reward of becoming "high." By stopping gateway drug use I believe that we have a better chance of reducing later adolescent illicit drug use.

Society used to view tobacco as just another sundry product, not much different from chocolate candy. As a matter of fact, not too long ago the two types of manufacturers shared the same trade organisation: the Candy and Tobacco Distributors Association. But after dozens of years of exhaustive scientific research society now recognises tobacco to be a powerfully addicting drug, much different from confectionery. Yet when we lecture adolescents about the dangers of tobacco but refuse to adopt laws on its possession and use, what the children hear is that smoking tobacco is really not that much different from eating too many sweets or having a high fat diet. Children then think if it were really all that dangerous, its possession by children would be banned, just like minors' possession of alcohol and other drugs. Society does not allow adolescents to stand around a street corner and openly drink beer, so why does it allow minors to openly flaunt tobacco age laws by smoking in public places?

It is time we adopt rules and laws that treat tobacco as the drug that it is, just as we treat alcohol as the drug that it is.

We in the United States have just been given an exciting "window of opportunity" to pass new laws on tobacco access by minors. The Alcohol, Drug Abuse, and Mental Health Act signed by President Bush this past summer requires all states to adopt effective tobacco-access-by-minors control measures or risk losing much of their federal funding under the act. Our efforts as concerned professionals should not be directed at working against possession laws, but rather to insure that tobacco control laws are comprehensive, well balanced, and effectively administered. Until we adopt laws prohibiting adolescent possession and use of tobacco by adolescents, that 13-year-old boy in Woodstock is correct - he has the right to smoke. Laws that ban only the sale of tobacco are, in effect, "adolescent smokers' rights laws."

- 1 Jason LA, Ji PH, Anes MD, Burkhead SH. Active enforcement of cigarette laws in prevention of cigarette sales to minors. *JAMA* 1991; 266: 3159-61.
- 2 DiFranza JA, Tye JB. Who profits from tobacco sales to children? *JAMA* 1990; 263: 2784-7.
- 3 Ravenholt RT, Pollin W. Tobacco addiction and other drug abuse among American youth. In: Forbes WF, Frecker RC, Nostbakken D, eds. *Proceedings of the fifth world conference on smoking and health, Winnipeg, Canada, 1983*. Vol 1. Ottawa: Canadian Council on Smoking and Health, 1983: 183-9.
- 4 Fleming R, Leventhal H, Glynn K, Ershler J. The role of cigarettes in the initiation and profession of early substance abuse. *Addictive Behaviors* 1989; 14: 261-72.
- 5 US Department of Health and Human Services, National Institute on Drug Abuse. *National household survey on drug use 1988*. Washington, DC: US Government Printing Office, 1989. (Publication No (ADM) 89-1636.)